

**EXHIBITS TO DECLARATION OF ANDRA ALLEN IN SUPPORT OF
MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT OF MOTION
TO DISMISS FOR LACK OF PERSONAL JURISDICTION AND VENUE OR IN
THE ALTERNATIVE TO TRANSFER VENUE, MOTION TO DISMISS FOR
FAILURE TO STATE A CLAIM AND MOTION TO STRIKE
[Fed. Rules of Civ. Proc. 12(b)(2); 12(b)(3); 12(b)(6); and 12(f); 28 U.S.C. §§1404
and 1406]**

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| A | A true and correct copy of my redacted 1040, containing a Schedule C, supporting the fact that Forever Diamonds is my sole proprietorship | 1-2 |
| B | A true and correct copy of my fictitious business name filing for Nevada | 3-5 |
| C | True and correct redacted copies of my energy bills | 6-8 |

EXHIBIT A

SCHEDULE C
(Form 1040)
Profit or Loss From Business
(Sole Proprietorship)

 Sole proprietor or partner
 1998-2004, 2006-2007

 ▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
 ▶ Attach to Form 1040 or 1041. ▶ See Instructions for Schedule C (Form 1040).

 04
 09

| | | |
|---|--|--|
| Name of proprietor ANDRA L ALLEN | | Social security number (SSN) [REDACTED] |
| A Principal business or profession, including product or service (see page C-2 of the instructions) DIAMOND SALES : DIAMOND JEWELRY | | B Enter code from pages C-7, 8, & 9 ▶ 448310 |
| C Business name. If no separate business name, leave blank. FOREVER DIAMONDS | | D Employer ID number (EIN), if any |
| E Business address (including suite or room no.) ▶ 7500 W LAKE MEAD DRIVE City, town or post office, state, and ZIP code LAS VEGAS, NV 89128 | | |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (Specify) ▶ | | |
| G Did you "materially participate" in the operation of this business during 2004? If "No," see page C-3 for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| H If you started or acquired this business during 2004, check here ▶ | | |

Part I Income

| | | |
|---|---|------------|
| 1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here ▶ <input type="checkbox"/> | 1 | [REDACTED] |
| 2 Returns and allowances | 2 | [REDACTED] |
| 3 Subtract line 2 from line 1 | 3 | [REDACTED] |
| 4 Cost of goods sold (from line 42 on page 2) | 4 | [REDACTED] |
| 5 Gross profit. Subtract line 4 from line 3 | 5 | [REDACTED] |
| 6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3) | 6 | [REDACTED] |
| 7 Gross income. Add lines 5 and 6 | 7 | [REDACTED] |

Part II Expenses. Enter expenses for business use of your home only on line 30.

| | | | | | |
|---|-----|------------|--|-----|------------|
| 8 Advertising | 8 | [REDACTED] | 19 Pension and profit-sharing plans | 19 | [REDACTED] |
| 9 Car and truck expenses (see page C-3) | 9 | [REDACTED] | 20 Rent or lease (see page C-5): | | |
| 10 Commissions and fees | 10 | [REDACTED] | a Vehicles, machinery, and equipment | 20a | [REDACTED] |
| 11 Contract labor (see page C-4) | 11 | [REDACTED] | b Other business property | 20b | [REDACTED] |
| 12 Depletion | 12 | [REDACTED] | 21 Repairs and maintenance | 21 | [REDACTED] |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4) | 13 | [REDACTED] | 22 Supplies (not included in Part III) | 22 | [REDACTED] |
| 14 Employee benefit programs (other than on line 19) | 14 | [REDACTED] | 23 Taxes and licenses | 23 | [REDACTED] |
| 15 Insurance (other than health) | 15 | [REDACTED] | 24 Travel, meals, and entertainment: | | |
| 16 Interest: | | | a Travel | 24a | [REDACTED] |
| a Mortgage (paid to banks, etc.) | 16a | [REDACTED] | b Meals and entertainment | | [REDACTED] |
| b Other | 16b | [REDACTED] | c Enter nondeductible amount included on line 24b (see page C-5) | | [REDACTED] |
| 17 Legal and professional services | 17 | [REDACTED] | d Subtract line 24c from line 24b | 24d | [REDACTED] |
| 18 Office expense | 18 | [REDACTED] | 25 Utilities | 25 | [REDACTED] |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns | 28 | [REDACTED] | 26 Wages (loss employment credits) | 26 | [REDACTED] |
| 29 Tentative profit (loss). Subtract line 28 from line 7 | 29 | [REDACTED] | 27 Other expenses (from line 48 on page 2) | 27 | [REDACTED] |
| 30 Expenses for business use of your home. Attach Form 8829 | 30 | [REDACTED] | | | |
| 31 Net profit or (loss). Subtract line 30 from line 29. | 31 | [REDACTED] | | | |

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.
 • If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see page C-6).
 • If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.
 • If you checked 32b, you must attach Form 6198.

32a ☐ All investment is at risk.
 32b ☐ Some investment is not at risk.

KBA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 2004

Certificate of Business: Fictitious Firm Name

Please Select One:

- ☐ New Application
☒ Renewal of existing fictitious firm name

FILED

Please Print or Type

2008 OCT 30 P 2:53

The expiration date for such certificates shall be the last day of the sixtieth month from the date of filing.

The undersigned do/does hereby certify that ANDRÁ ALLEN
(Name of individual, corporation, partnership or trust)

with mailing address of 7500 W. LAKE MEAD BLVD STE 11, LAS VEGAS NV 89128
(Mailing Address for notification of renewal) (Street) (City) (State) (Zip)

is/are conducting business in Clark County, Nevada, under the fictitious name of

FOREVER DIAMONDS(Fictitious Firm Name) or (Doing Business As)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

(1) ANDRÁ ALLEN, PRESIDENTFull Name and title (Type or Print)SignatureDate7500 W. LAKE MEAD BLVD SUITE 111, LAS VEGAS NV 89128Street Address of Business or ResidenceCity, State, ZipMailing Address, if different from aboveCity, State, Zip

(2)

Full Name and title (Type or Print)SignatureDateStreet Address of Business or ResidenceCity, State, ZipMailing Address, if different from aboveCity, State, Zip

(3)

Full Name and title (Type or Print)SignatureDateStreet Address of Business or ResidenceCity, State, ZipMailing Address, if different from aboveCity, State, Zip

(4)

Full Name and title (Type or Print)SignatureDateStreet Address of Business or ResidenceCity, State, ZipMailing Address, if different from aboveCity, State, Zip

Mail to: Shirley B. Parraguirre, County Clerk, Attn. FFN, P.O. Box 551604, Las Vegas NV 89155-1604
 Include: Filing Fee of \$28.00, 2 copies and self-addressed stamped envelope

NEVADA BUSINESS REGISTRATION

Please read instructions before completing this form. Information on this form must be printed or typed. Please understand that each agency may request additional information particular to the needs of your business in order to act on your application. The completion of this form does not relieve you of any statutory or regulatory requirements relating to your business.

| | | | | | | | |
|---|--|--|---|---|--|---|--|
| 1 | <input type="checkbox"/> New Business | <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Change in Location | <input type="checkbox"/> Change in Name | <input type="checkbox"/> Change in Corporate Officers | <input type="checkbox"/> Change in Mail Address | <input type="checkbox"/> Other |
| 2 | Corporate Name | | | | | Corporate Telephone () | 3 Federal Tax Identification Number |
| 4 | Corporate Address Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt # | | | | | City, State, and Zip Code | State of Incorporation |
| 5 | Doing Business in Nevada as: FOREVER DIAMONDS | | | | | Business Telephone (702) 378-4367 | Cellular Telephone (702) 274-7079 |
| 6 | Mailing Address 7500 W LAKE MEAD ST III LV NV 89128 | | | | | City, State, and Zip Code | |
| 7 | Location(s) of Business Operations 7500 W LAKE MEAD ST III LV NV 89128 | | | | | City, State, and Zip Code | |
| 8 | Location of Business Records 7500 W LAKE MEAD ST III LV NV 89128 | | | | | Telephone #: (702) 274-7079 | |
| 9 | Type of Business Entity: <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> S Corp. <input type="checkbox"/> Publicly-Traded Corp. <input type="checkbox"/> Privately-Held Corp. <input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other | | | | | | |
| 10 | Name of All Owner(s), Partners, Corporate Officers, Members, etc. Attach additional sheets if necessary. (If individual ownership, list only one owner.) | | | | | | |
| Owner, Partner, Officer, Member, etc. (Last, First, MI): | | Residence Address (Street) | | | SSN: | Date of Birth | |
| ANDRA ALLEN | | 3883 RUSTEN LV NV 89147 | | | 556-19-2517 | 8-10-62 | |
| Title | | City, State, Zip | | | Res. Phone | | |
| OWNER | | LV NV | | | 274-7079 | | |
| Owner, Partner, Officer, Member, etc. (Last, First, MI): | | Residence Address (Street) | | | SSN: | Date of Birth | |
| Title | | City, State, Zip | | | Res. Phone | | |
| Owner, Partner, Officer, Member, etc. (Last, First, MI): | | Residence Address (Street) | | | SSN: | Date of Birth | |
| Title | | City, State, Zip | | | Res. Phone | | |
| Owner, Partner, Officer, Member, etc. (Last, First, MI): | | Residence Address (Street) | | | SSN: | Date of Birth | |
| Title | | City, State, Zip | | | Res. Phone | | |
| Responsible Local Contact (Last, First, MI & Title) | | Residence Address (Street), City, State, Zip | | | SSN: | Res. Phone | |
| [REDACTED] | | [REDACTED] LV NV 89147 | | | ? | [REDACTED] | |
| 11 | Date Business Started in Nevada: 9/2-1-02 | Date Business Location Opened | Date First Worker Hired in Nevada | Date and Amount of First Nevada Payroll | Number of Employees | | |
| PLEASE CHECK ALL THAT APPLY | | | | | | | |
| 12 | <input type="checkbox"/> Mining <input type="checkbox"/> Domestic <input type="checkbox"/> Outside Dining <input type="checkbox"/> Water Appropriation <input type="checkbox"/> Adult Materials/Activity <input type="checkbox"/> Supply/Use Temporary Workers <input type="checkbox"/> Service <input type="checkbox"/> Agriculture <input type="checkbox"/> Home Occupation <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Amusement Machines <input type="checkbox"/> Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail Sales-New <input type="checkbox"/> Construction/Erection <input type="checkbox"/> Leased or Leasing Employees <input type="checkbox"/> Gaming <input type="checkbox"/> Delivery <input type="checkbox"/> Transportation <input type="checkbox"/> Retail Sales-Used <input type="checkbox"/> Telephone Solicitation <input type="checkbox"/> Lessing (Other than Employees) <input type="checkbox"/> Other— <input checked="" type="checkbox"/> Wholesale <input type="checkbox"/> Not for Profit <input type="checkbox"/> Live Entertainment <input type="checkbox"/> Environmental Discharge <input type="checkbox"/> Regulated by Federal/State Permit #— | | | | | | |
| 13 | Describe the Nature of Your Business in Detail. Include Type of Product Sold, Labor Performed and/or Services Rendered. SALEING DIAMONDS WHOLSALE TO OTHER WHOLSALEERS | | | | | | |
| 14 IF YOU HAVE ACQUIRED A NEVADA BUSINESS OR CHANGED OWNERSHIP, PLEASE COMPLETE THIS SECTION: | | | | | | | |
| Date Acquired: | | Acquired by: <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Other | | | <input type="checkbox"/> In Whole <input type="checkbox"/> In Part | | |
| Name(s) of Previous Owner(s) | | Business Name and ESD Account Number of Previous Owner(s) | | | | | |
| Address (Street) | | City | | State | | Zip Code | |
| If you have had a sales/use tax permit number before, please enter it here | | | | | | | |
| 15 | I am applying for: <input type="checkbox"/> Unemployment Insurance (Employment Security) <input type="checkbox"/> State Business License <input type="checkbox"/> State Sales/Use Tax Permit <input type="checkbox"/> Local Business License | | | | | | A copy must be sent to each agency |
| 16 | Do not sign until reading signature instructions. If the Business is a general partnership or joint venture, more than one signature is required. | | | | | | |
| I CERTIFY THE INFORMATION PROVIDED IN THIS REGISTRATION FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF | | | | | | | |
| Signature / Original ** | | | | Print Name & Title | | Date | |
| Signature / Original ** | | | | Print Name & Title | | Date | |

ORIGINAL—KEEP FOR YOUR RECORDS

APP-01.00 Revised 1-23-01

RATE SCHEDULE(S) AVAILABLE UPON REQUEST
GAS SERVICE INFORMATION - RETAIN FOR YOUR RECORDS

For service, bill inquiries, or assistance, call

Phone: (800) 700-2443

Gas leaks: (800) 959-5325

www.tgas.com

Texas Gas Service

5613 Avenue F

Austin, TX 78751

Worried about winter heating costs? Sign up for the ABC plan today!

Page 1 of 1

AUSTIN, TX 78732-2401

| | | | |
|----------------------------------|--------------|----------------|----------|
| Amount Due | | | |
| Current Charges Due | | | |
| Amount Due After Due Date | | | |
| Account Number | | | |
| Rate | AUST O/S RES | | |
| Active Deposit | NONE | Statement Date | 11-27-06 |

Previous Balance

Balance Forward

Customer Charge

Delivery Charge

Cost Of Gas

Relocation Cost Recovery

Current Charges

Total Amount Due

phillips

| Meter or Station Number | Service Period | | Number of Days | Meter Readings | | Constant | Ccf Billed | WNA/ Ccf | Cost of Gas/Ccf |
|----------------------------|----------------|----------|-------------------|----------------|---------|----------|---------------|-------------|--------------------|
| | From | To | | Previous | Present | | | | |
| 026H318812 | 10-14-06 | 11-13-06 | 30 | 11 | 37 | 1.0000 | 26.000 | | \$0.9221300 |



ANDRA MR ALLEN

AUSTIN, TX 78732

Statement Date: 12/05/2006

Date Due: 12/27/2006

We appreciate your business.

PowerLink Number: 00171692

| Account Number | Previous Balance | Payments | Adjustments | Current Activity | New Balance |
|----------------|------------------|------------|-------------|------------------|-------------|
| 5505069-4 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

Your New Balance is made up of your Previous Balance, Payments, Adjustments and Current Activity.

Current
Activity

Electric

TOTAL CURRENT ACTIVITY

Questions?

For questions about this BILL, call the City of Austin Utility Customer Service: 512-494-9400 or toll free at 1-888-340-6465 or 512-477-3663 TDD. Se Habla Español.

To report an electrical **OUTAGE**, call 512-322-9100 and enter your **PowerLink** number.

For 24-hour **Water & Wastewater EMERGENCY ASSISTANCE**, call 512-972-1000 or 512-972-1298 TDD.

To see your utility bills or make payments online, go to www.coautilities.com. For other City of Austin information, go to www.ci.austin.tx.us.

Read Dates

Next meter read date will be on or about 12-29-06.

Street Services

If you are over 65 or do not drive/own a vehicle or this property is vacant, you may qualify for an exemption to the Transportation User Fee.

CAP

Customer Assistance Program (formerly Plus+1) - To those of you that can, please donate \$2, \$3, or any amount to help your neighbors in need with their utility bill payment(s).